



KACDL Membership Application

SAVE A STAMP! JOIN ONLINE AT WWW.KACDL.NET

Kentucky Association of Criminal Defense Lawyers

502.594.1375

director@kacdl.net

www.kacdl.net

Name _____

Address _____

City, State ZIP _____

Phone(s) _____

Email _____

Firm _____

Bar Admission Date _____

Law School _____ Year _____

Interested in joining the KACDL listserv? ____ Yes ____ No

Interested in serving on a KACDL Committee? _____

Legislative Amicus Strike Force DUI Education Rules

☐☐☐☐☐☐

I hereby certify that I am actively engaged in the defense of criminal cases in Kentucky as an attorney or other professional (e.g., law student, paralegal, investigator, social worker, etc.)

Signature _____ Date _____

Annual Dues Please circle one

Young Private Practitioner \$100 (Sponsored Defender \$50)

Senior Private Practitioner (5+ years) \$175

Young Public Defender* \$75 (Sponsored Defender \$0)

Senior Public Defender* (5+ years) \$125

Associate Member**(Non Attorney, Support Staff) \$100

Law Student (Enrolled Accredited Law School in the Commonwealth of KY) \$25

Sustaining Member \$400 (\$50 goes toward Young Public Def Fund)

Lifetime Membership \$2000 or 2 annual payments of \$1025

*Must be an attorney in the full-time employ of local, state, or federal public defender offices or Legal Services agencies in the Commonwealth of KY.

**Each application for Associate Membership shall be endorsed by one (1) Regular, Young Lawyer, Public Defender, Sustaining or Life Member of the Association.

Please return with payment to: KACDL, P.O. Box 66, Hebron, KY 41048

Office Use Only:

Date Received: _____ Check # _____ Invoice # _____ Credit Card Confirmation # _____

Date Processed: Membership Records _____ Accounting _____ Young Defender Sponsorship (subtract \$25) _____